PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further conindicated unless corrected maintenance fee notification	rrespondence including the below or directed otherwise as.	Patent, advance of in Block 1, by (a	rders and not a) specifying	ification a new co	of maintenance fees prrespondence address	will be mailed to the curren e; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificat	mailing can only be used fairs certificate cannot be used al paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must	
					Ce I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mailing or Tran nis Fee(s) Transmittal is beir with sufficient postage for fi I Stop ISSUE FEE address TO (571) 273-2885, on the c	smission g deposited with the United rst class mail in an envelope above, or being facsimile late indicated below.	
							(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/531,579	10/12/2005	Marco Maria G			ile	3765-0114PUS1	1844	
TITLE OF INVENTION:	PAINLESS INJECTABLE	COMPOSITION	IS CONTAIN	NING SA	LTS OF 2-ARYLPF	ROPIONIC ACIDS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440			\$300	\$1740	09/23/2008	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]		
PUTTLITZ, KARL J.		1621		562	-4600000	J		
I. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) L'Aquila, ITALY								
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent) :	☐ Individual ☐ C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	p. Payment of Fee(s):							
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.							
Publication Fee (No s	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to							
☑ Advance Order - # of	Copies 4	er memory to the .	Deposit Acco	ctor is he ount Nun	reby authorized by colored by col		credit any overpayment, to	
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See 3		☐ b. Applic	ant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 27(g)(2).	
• 1						paid issue fee to the applica stered attorney or agent; or the	(0/(/	
Authorized Signature my 200				Date September 22, 2008				
Typed or printed name D	Registration No. 36,623							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.